

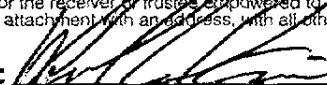


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000049016 1. Entity Name MC MEDIA ASSOCIATES, INC.																													
Principal Place of Business 3690 OLD OAK CT ORLANDO FL 32812			Mailing Address 3690 OLD OAK CT ORLANDO FL 32812																										
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country																											
4. FEI Number 59-3515984				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode: 																									
6. Name and Address of Current Registered Agent CANDELARIA, MICHAEL R 3690 OLD OAK COURT ORLANDO FL 32812			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANDELARIA, MICHAEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3690 OLD OAK CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32812</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	CANDELARIA, MICHAEL R		STREET ADDRESS	3690 OLD OAK CT		CITY - ST - ZIP	ORLANDO FL 32812		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>000000087243</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>03/15/04-80003-021</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	000000087243		STREET ADDRESS	03/15/04-80003-021		CITY - ST - ZIP	150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  Michael Candelaria 3-11-04 407/852-0927																													